KFC 80/82

KING EDWARD'S HOSPITAL FUND FOR LONDON

King's Fund Centre

Training for Residential Staff Working with Mentally Handicapped People

22 October - 26 November and 10 December 1979.

King's Fund Centre,
126 Albert Street,
LONDON NW1 7NF

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INTRODUCTION

The following account describes what went on in three workshops held at the King's Fund Centre in the Autumn of 1979. The aims of the workshop were -

1. To bring together all those involved in teaching staff who work with mentally handicapped people in residential settings, whether in the health service, local authority services or in voluntary organisations. (About thirty people participated in the workshops - two-thirds of these worked in the health service - as tutors, clinical teachers and ward staff, with the remainder being teachers from voluntary organisations, lecturers from technical colleges and colleges of further education, and training staff from Social Service departments).

2. To enable these staff to share ideas about current schemes of training, looking at both content and method of training. Brief details of some of these schemes can be found in the Appendix.

Thanks are due to John Andrews, Nuese Consultant in Mental Health, Redbridge and Waltham Forest AHA, for the major work in drafting this report.

FIRST WORKSHOP - 22 OCTOBER 1979

Introduction to the Workshops

Joan Rush - Project Officer, King's Fund Centre

After welcoming participants to the Centre and to the workshop, Joan Rush went on to describe the background to the current debate about appropriate training for residential staff working with mentally handicapped people. She hoped it would be helpful to staff engaged in training to attend the three small workshops to explore together some of the issues of the present position.

Tom French, Nursing Officer, Department of Health and Social Security.

He briefly reviewed the development of mental handicap nursing and proposed the workshop should consider how staff interpret the training syllabus and the influence of examinations and examiners; the conflicts between theory, practice and the ideal; the differences between training objectives and management expectations.

In the discussion that followed the main issues were:-

1. Nursing and caring cannot be separated, as nursing is the largest caring profession.

2. It is not helpful to harp on the past but to move on.

3. GNC is flexible now about what is taught, within reasonable limits.

4. The influence of examinations should improve with practical work based assessments and the training of assessors, and there has been a shift for the better in exam papers.

5. The training of staff cannot but be affected by the debate on the model of service - with an educational, social and multi-professional approach.

6. There are many factors contributing to theory/practice and teaching/service conflicts.

(These issues are not listed in order of priority)

Training needs and current programmes in health care settings

Fred McCarthy, Charge Nurse, Cell Barnes Hospital
Marilyn Sumpter, Student Nurse, Cell Barnes Hospital

They described the setting of a ward with seventeen children, two day shifts with two student nurses on each shift. Fred outlined a project with the objective to promote self-help skills. He explained the ward team's use of task analysis and operant conditioning techniques. A psychologist had given some help but Fred was emphatic that ward staff must be ready to do it themselves a lot of the time as everyone is too busy to give much help. A second project had the objective to promote skills of communication using the Makaton sign language and they used this project and meal times to make the point that students are helped to learn practical skills when there is a definite programme. Marilyn drew attention to some disadvantages in being allocated to a setting for only three months, this was not enough time for the student and the children to get to know one another, and she could be treated as a person only there for three months.

Discussion of the main issues- again, not listed in order of priority.

1. Pros and cons of having more than one system of sign language.

2. The linking of theory and practice such as lectures on Makaton in the school and then learning and practising it in the ward. Ward staff taking sessions in the school and teachers teaching in the wards. Task analysis discussed in the Introductory Course.

3. The advantages of task analysis which promotes a more systematic approach to work, encourages organised thinking and emphasis on the importance of good notes.

4. The need to develop and educate the person as well as training in skills.

Training needs and current schemes in community settings

Betty Richardson, Senior Lecturer, West London Institute of Higher Education.

Looking at the Joint Board of Clinical Nursing Studies (JBCNS) courses for Community Psychiatric Nurses (CPN) 805 and 810, (mental handicap and mental illness), she described how the course built on basic knowledge and skills of the RNMS training to prepare the nurse to work in the community.

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Subjects included family dynamics, sociology and psychology, provision of services and the roles of members of the primary health care team. There were discussions on the role and function of the CPN, how to liaise with all department and staff in the community, what is involved in working with a mentally handicapped person and their family, and the importance of continuity of care from an interdisciplinary team, including workers from health, education and social work. It was helpful to have a working knowledge of the Portage scheme.

Less RNMS nurses apply for the Joint Board CNS course (due to the recent developments of Community Services for mentally handicapped people) than RMN applicants. This means that the course is more orientated to RMN participants and leads to problems in producing specialist sessions for the nurses working with mentally handicapped people. The British Institute of Mental Handicap offer a six-week continuing course. Such short courses are useful, but are not as substitute for a full time course with a nationally recognised certificate.

In this discussion main issues were:-

1. There is some overlap of roles between the CPN and HV when visiting children. There has to be some overlap to avoid gaps. Staff must know when to call in the specialist collegue.

2. There are marked differences between the trained/experienced and the untrained/inexperienced CPN visiting a home.

3. One danger of two types of CPN courses such as JBCNS and BIMH is that there could be two standards.

4. The length, cost and few centres of JBCNS courses cause problems for students with family commitments in travelling and absence from home and work.

Ken Barnes, Principal Lecturer, West London Institute of Higher Education.

He submitted there was a good case for a new professional training body for residential workers in mental handicap, but more realistically, to have a special group set up within CCETSW with the responsibility for designing special models of training and ensuring that what is good in nursing and residential care is retained.

Hospital services had improved and if more alternative accommodation had been provided only the mentally handicapped people who need the service would now be in hospitals. He considered residential work was part of social work. With regard to the debate on CQSW versus CSS, he proposed the two should be fused and further consideration given to basic training and post-qualifying courses. Looking at the Jay recommendations on CSS, he asked what the differences were between residential work for mentally handicapped people and other client groups. He wondered if the skills required could be linked. He concluded by describing a CSS course in detail and stressed the important link in CSS between theory and current practice. The course is designed and the training takes place alongside current practice.

Discussion - the main issues were -

1. What has CSS to offer nurses? The RNMS syllabus appears to contain all that is in CSS and more.

2. Instead of old and new, changes in training should be seen as development and we should all get together to ensure it develops the way we want.

3. Service and training. Lack of resources to improve services does affect training. If service was really improved it is doubtful if we would be so concerned about changing the training. If training is changed but the service is not improved what will it do for mentally handicapped people or staff morale.

4. It was felt that there had been a long struggle for nurses in mental handicap to get recognition in the nursing profession. Would it take as long to get recognition in the social services?

5. There is need to take into account the effect on the service for mentally handicapped people, and the staff giving the service, of such things as the start of the NHS in 1948, Mental Health Act in 1959 and the Inquiries since 1969.

Afternoon syndicate discussions

Question one: How are the training needs of learners currently assessed, and what ways are used to relate training to practice, whether in hospital or community settings?

Question two: How can training, wherever located, be geared to meet a changing situation with new developments in the care and education of mentally handicapped people?

Reporting back on 'key issues' and general discussion

GROUP A

This group included members from health, local authority and voluntary bodies. It looked at statutory and inservice training. It was felt that staff should assess what the client needs and use this in assessing the training needs of the learners. It is important to involve line managers when discussing training. GNC guidelines and job descriptions can be helpful. There should be an independent authority to inspect service and training standards. It is doubtful if training has kept up with developments in the last ten years. More consideration should be given to the responsibilities of NHS and LAs in training workers for voluntary organisations. The setting up of an independent training body requires more thought especially its constitution. Inservice training is very flexible to meet needs of new developments.

GROUP B

"Learners" had been taken to mean a wide range of staff. When assessing training needs there needs to be clear objectives based on client/residents needs. The GNC syllabus must be developed locally. Feed-back is an essential part of assessment. The needs of residents and the training of staff have to be linked. A school of nursing should be seen as a group of people rather than a building. Training should move about to where there is something to learn including staff meetings and meetings of field staff. A prerequisite to successful training is good liaison between all involved in work. Professional reading is vital to keeping up with developments. Secondment to general hospitals helps to learn new developments in physical care. More attention must be given to training in family involvement and attitude changes. Further training should be based on a multidisciplinary approach with the whole family being involved in decision making.

GROUP C

Much of this group's discussion has been covered by the reports of A and B groups. Learners are all those in contact with mentally handicapped people. Both GNC and CCETSW have experience and expertise in knowledge, skills and attitudes related to training. Both use feed-back in assessing training needs. In local schemes and local interpretation of GNC training, tutorial staff mainly assess training needs of learners and there is great variation from place to place. Placements are used to relate training to practice. All hospitals need to broaden framework of experience in training and it is in this aspect particularly that there appears to be differences in GNC and CCETSW courses. More importance should be given to education rather than training so that the person goes on learning.

General Discussion

In some places GNC training includes a wide variety of placements similar to those in CSS courses. Difficulties in training occur when all involved in teaching do not have joint meetings. Problems in training for residential staff in voluntary establishments include small numbers, difficulty in releasing from work, finding suitable courses nearby and cost. Courses used by such establishments include nurse training, CSS, CCETSW interservice, various short courses, conferences and seminars held in hospitals and other centres. Some voluntary bodies organise their own training but again small numbers in each establishment and distances between them and cost are problems. Some participants thought information about CCETSW courses and centres where they are held should be publicised more widely and further study may be required to ensure the distribution of centres matched the areas of need.

END OF FIRST WORKSHOP

SECOND WORKSHOP - 26 NOVEMBER 1979

Introduction

Joan Rush

Welcoming participants she restated the aims of the workshops, which were:-

- to bring together people from a variety of settings where training occurs
- to discuss and share ideas, roles and ways of training
- to learn about strengths and weaknesses of present trainings
- to share problems and solutions

Opening Discussion

Tom French

The Nurses Acts make provision for the General Nursing Council for England and Wales to improve experimental courses. Giving the example of the combined course for RNMS and Certificate of Teacher of Mentally Handicapped he went on to point out the scope and experiments in mental handicap nurse training needs more attention. The GNC does have authority to approve combined training and an example of this is the Combined Course based on Greaves Hall Hospital which leads to a qualification in Nursing of the Mentally Handicapped and Teaching. The Joint Board of Clinical Nursing Studies (JBCNS) already has advanced courses to meet special needs in mental handicap work but perhaps more can be done. When discussing training factors he mentioned the hetrogeneous nature of mental handicap, the gradual decline in numbers of mentally handicapped people in hospitals and the corresponding increase in the numbers of those receiving care in the community. He also mentioned the influence of the National Development Group through its publications particularly the Hospital Study entitled 'Helping Mentally Handicapped People in Hospital'. The Development team will shortly be publishing its second report. The DHSS is currently reviewing mental handicap policy and of course will shortly be considering the Jay Report in the light of comments made on its recommendations.

Discussion

In the combined RNMS and Certificate of Teacher of the Mentally Handicapped courses there was a move after qualification into teaching. Some who had had dicussions with the GNC on experimental courses with RNMS had not met with success and were doubtful if a course combining RNMS and CCETSW would be approved. RNMS is as different to SRN as Nursery Nursing is to SRN, not only in nursing and social aspects but also in educational aspects.

Aspects of Hospital Based Training Schemes

Mrs Jean Weate, Senior Tutor, Hortham Hospital

The School of Nursing where she works is in the Mental Handicap Division of the Southmead District School of Nursing. It is based at Hortham, which is a 500 bedded hospital, accommodating a wide range of ages and handicaps. The division also includes another large 400 bedded hospital and five hostels. The school is homely and very close to the wards. There are fifty student nurses and sixteen pupil nurses in training. *The educational programme for learners include set study blocks and practical placements. The introductory block covers basic nursing or physical care of the residents, but is also equally attentive to such items as developmental, educational and social aspects of care and training. Objective sheets for each placement helps the nurse to be more aware of what they must learn. There are progressive assessments, an Intermediate and a Finals examination set by the hospital. The statutory examination system is work-based practical assessments and a three hour paper. There is an increasing range of practical placements in hostels, schools and other community establishments. Mrs Weate was emphatic on the importance of training keeping up with new developments.

Mrs Elaine Boulton, Deputy Ward Sister, Hortham Hospital

A former post-registration (SRN) student in the setting and scheme just described, Elaine was confident that her RNMS training had equipped her to work with all age groups and the full range of mentally handicapped people. She gave an outline of her own training including theory, placements and visits, and multi-disciplinary experiences. Now a deputy ward sister she went on to describe her ward of ten children with severe behaviour problems. The staff do not wear uniforms and first names are used. She gave details of training programmes using Portage and Makaton systems, music and play sessions, excursions including a ten Tor walk on Dartmoor. Parents were closely involved in training programmes and together they were now planning a camping holiday and a project to buy a caravan.

Discussion

The use of Portage was a team effort, the psychologist was involved and there were progression meetings. The staff are still negotiating to eat with the children, at present they sit at table with them. Opinions differ on the value of secondment to a general hospital. To be of benefit objectives must be set. Staff shortage meant considerable overtime some weeks. Lists of subjects, procedures and objectives do not necessarily indicate formation of helpful attitudes but at the end of training a student should be well motivated.

*Appendix B

Community Based Training Schemes in Cambridge

Frank Cozens, second year student, Cambridgeshire CSS Scheme

Currently employed in a hostel and now near the end of his CSS course, he explained his training in some detail.* He took the participants through the scheme of study, unit by unit, describing each in turn with the variations of overall themes and the placements including a mental handicap hospital. Summing up Frank said that the course had helped him to gain insights of parents' needs, find out a lot about services, increase knowledge of needs of mentally handicapped people, learn more about people with mental handicap.

Angela Morton, Study Supervisor

Keeping in contact with student, before and during the course; linking theory with practice; facilitating learning; sustaining a relationship; helping insights; and being involved in thinking and writing was how she saw her role. She stressed that the supervision model was different with each student. There was involvement with a network of people such as line managers, work seniors and tutors. With the use of scheme-based objectives and the student's own objectives the study supervisor helps the student to assess his own progress. The course has continuous and formal points of assessment. The relationship continues when the student returns to work and the course falls away. She considered such supervision an underdeveloped area in the education of residential staff.

Kingsly Lewis, Tutor, Isle of Ely College

The CSS draws the agency and the college together to plan and manage the scheme of training. For success, the CSS needs an investment of time, manpower and commitment. An essential part of such training is exposure to on-the-job learning and the employing agency is best placed to give this. The college gives an element of educational skills, efficiency in learning and effectiveness of practice; and functions as a consultant and facilitator as well as a partner in the learning process.

Shirley Fozzard, Scheme Co-ordinator

CSS offers a training to a number of occupational groups. She drew particular attention to the task analysis of the student group and each student's work which leads to drawing up objectives on which course content and assessment is based. The course is student centred and involves team work linked in an action centred learning model. While the staff act frequently as a consultancy basis, students initiate much of the interplay of work, supervisor, tutor and student. There is no formal examination but progressive assessment.

*Appendix A

Discussion - the main issues

The present structure and work of CSS and possible future changes were debated. The importance of the student's profile and task analysis was underlined. Ten is the maximum number of students for one supervisor.

Afternoon syndicate discussions

Question one: What forms of inservice training and staff development are currently in use for direct care staff in hospital and community settings? How could this training be developed and extended?

Question two: How can local collaboration between agencies be effective in extending training opportunities on a single or multi-disciplinary basis? Is there a machinery at local level for collaboration, and if not, could this be achieved?

Feedback from syndicate discussion

GROUP A

Inservice training deals mainly with service needs and it is important to identify the current needs. There is a need for education to help staff to live with emotional draining and it must be provided at time of need to be effective. Education and service staff must sit down and agree on the objectives for residential work. The tutor has students who require placements and so could be a co-ordinator for interchange between health and social service agencies. If there was a relief team then the whole ward staff could withdraw and write objectives.

GROUP B

In the experience of members of this group induction and orientation courses of two weeks duration were currently in use. These could be extended by making more use of CSS courses and the resources of local colleges. Local discussions could be held to explore possibilities of common courses and help from further education.

GROUP C

Currently different induction courses are used. Some use the three month 'Wessex Introductory Course for Staff in Mental Handicap Establishments'. There should be more joint study days across agencies and disciplines as well as exchange work experiences. Press for common core training for all agencies. Fear had been expressed of the effects of Jay on career prospects. A lack of knowledge of other agencies breeds fear and the attitude 'you stay in your patch, and I will stay in mine'.

GROUP D

Programmes vary a lot from hospital to hospital and social service department to SSD. Staff shortages make planning difficult in many places. It is essential to identify needs in order to plan effectively. There should be more emphasis on problem solving exercises, communications and coming together. Bring staff of hostels, voluntary centres and hospitals together for short day release courses. Some saw danger of bringing in other disciplines as they can take over. As hostel clients change in abilities and bahaviour the need for development of training increases. Often the opportunities and machinery is there: the will to use them must be strengthened and stressed.

Concluding Remarks

Joan Rush

We have heard of lots of good schemes and practices. Are they well known? Are they well used? A start must be made somewhere and it is hoped that these workshops will help to make them known a little better. The wish to link workers has come up time and again. Co-ordination appears to be a real problem. Is there a place for a chief co-ordinator? A simple practical message is for all to find out more about their local scene.

END OF SECOND WORKSHOP

THIRD WORKSHOP - 10 DECEMBER 1979

Introduction

Joan Rush

The morning session would focus on children and their care in community settings. As this was the last workshop, in the first hour after lunch each contributor in the first two workshops would have five minutes to give a personal view on current training wherever it takes place and how they see it developing. There would be opportunities for all participants to join in the final discussion.

A Managers View of Training

Larry Klein, Assistant Divisional Director, Berkshire Social Services.

Comparing and contrasting some aspects of two residential hostels for mentally handicapped children, he began by describing The Firs in some detail. The majority of the staff here have a nursing background although there are staff with varied backgrounds and experiences. The nurses had a good knowledge of medical matters, want to find answers and solutions, know where they stand, have things clear-cut, strong staff management, good care of the child, accept difficult children but they find it hard to get the best out of some staff such as the more 'bohemian' and 'way-out' care staff, difficult to accept there may be no quick answer or that no immediate decision can be made, hard to work outside structured framework, and are less ready to initiate change.

The Hollies had developed differently with a policy not to employ nurse trained staff. The staff here tend to be more restrictive in the way parents use the hostel, more selective of children and limit the number who are difficult, they are more concerned with behaviour than a medical model, not so well informed on some aspects of child care, and because of selection not so many children or families are helped.

Larry Klein made it clear that these were only some personal observations on a limited number of settings. There are many factors which affect the knowledge, skills and attitudes of a number of staff other than being a member of a particular profession such as personality and life experience. Care must be taken in the way the expression 'nursing in-put' is used.

A manager wants staff training geared to philosophy and aims of establishment. He commended the assessment of job descriptions, task analysis, and objectives when planning training. Training must include knowledge of development and care of children, sensitivity and skill in working with parents, and management skills such as staff development. Ideally the manager wants staff already trained in the knowledge and skills that they require in order to successfully meet the demands of the job. The problem is finding applicants with the right training. Training should equip staff to move on and be recognised to give opportunities for advancement and career development.

Working with Mentally Handicapped Children

Maureen Oswin, Research Worker, Thomas Coram Foundation

Referring to the work of Jack Tizard in the early fifities (especially the 'Brooklands experiment') she said that his work showed that the type of training which is received by the care staff, particularly by those in charge, has definite effects on the quality of care given to the children: the work of Jack Tizard pointed to the fact that staff who had only had nurse training and hospital experience tended to be more rigid and less imaginative in their approach to residential care. She queried whether some of the increasing numbers of nurses now to be found working in l.a.a.s.d. hostels and homes were escapees from the NHS, finding more reward in the greater responsibilities and autonomy offered them through working for a social service department. She went on to consider the relationships between junior and senior staff. Juniors came to their work with ideas and high expectations but they often get little help or support for them. Their first introduction to working with mentally handicapped children is crucial to the forming of attitudes. Time should be allowed to introduce the student to each child by name, but so often a student nurse will be sent to a ward and she will not be introduced properly to the children and will only find out their names if she makes a special point of asking. Care in planning the student's first placement is very important and there should never be a 'make or break' approach to the first placement; for example, sending a new student to a difficult ward simply in order to test out their reaction and tolerance level.

Students and new staff are sometimes shocked as they go around and note the differences in theory, attitudes and practice. Positive attitudes to the care of profoundly handicapped children should include giving the staff and children opportunities for growth and development. To bring home the problem of changing some attitudes she gave an example of extremely negative attitude of some staff to a blind, spastic adolescent with contracted limbs: he was nick-named 'rent-a-corpse'. Staff need much more training in child development and play. Individual children's needs should be discussed more at staff meetings rather than just managerial problems. Senior staff should constantly check and remind themselves how their own attitudes may be affecting junior staff attitudes and standards of care. She referred to the problems that may face some overseas students who are meeting severely handicapped children for the first time. Their distress at seeing the children may be increased by the feelings of homesickness they are already experiencing and make them at risk to feelings of depression about their work. She referred to an Indian student who said that when she was first sent to work in a special care ward for profoundly handicapped children, soon after her arrival in the U.K., she spent many weeks crying about her work but had nobody to discuss her depression with. Senior staff should be far more aware of the need to help junior staff work out some sort of philosophy towards their work.

Maureen advised participants to read two helpful books:

'Mealtimes for Severely and Profoundly Handicapped Persons' edited by Robert Perske, et al. Published by University Park Press, 1977.

'Their Special Needs' (an action guide to working with blind residents of mental retardation facilities) written by Sally Rogow and Myra Rodrigues and published by the Ministry of Community and Social Services, in Ontario, August 1977.

Discussion

Several participants described how they used play and play materials. Placement in a nursery school and making a toy from junk had been experienced in training. A lot of factors contributed to institutionalisation such as the size, tradition, personalities, and no one profession should be singled out. Some people felt that staff who move from one place to another or one agency to another should not be seen as 'escapees'. If the staff wish they can move out of big institutions but at the moment the clients have to remain there. Staff and clients should have the opportunity to move out into small units.

Training Developments in Cornwall

Peter Charlton, Nursing Officer, St Lawrences Hospital, Cornwall

Cornwall has no mental handicap hospital and no RNMS training. It is now committed to an integrated mental handicap service based on community units. Staff drawn to this new service are seen as 'attractees' not 'escapees'. It is esential that a community service unit has an ethos and a purpose. He was convinced that time must be given to getting the philosophy right. He outlined the problems of establishing a training and saw it as dependent on the quality of service provision. Much can be achieved with inservice training and encouraging suitable staff to take available courses. He gave the example of the CNAA course for the Certificate in Education on which he was currently taking to equip himself to help in training. The multitude and magnitude of needs demands a team approach with a range of disciplines. Pondering on what is the right training to get staff to be sensitive to a child and the family he mentioned the importance of attachment to good practice. There should be no untrained staff and all nursing assistants should have an induction course. He agreed on the need for a common training for nursing and care staff with schemes linking nursing schools and further education. It is not education or training in a skill but uniting the two that is required. There is a need for pilot schemes with evaluation.

Final Discussion on Key Items from the Workshops with Panel

Rev Sister V Hagen, Headmistress, St Elizabeth's School, Herts

She briefly described her Order's private residential school for people with epilepsy and additional handicaps. In addition to teaching staff there is a multi-disciplinary team of care staff. A team of many qualifications and backgrounds means it has a lot to offer. A number were SRNs and RMNs. Courses in first aid and home nursing were found to be useful for untrained staff and they had designed their own course on epilepsy. Sister Hagen stressed the advantage of being a Religious Order in having members resident with a range of qualifications, and a full time commitment, for planning and carrying out courses. She had come to the workshops with two other Sisters looking for answers to long term care issues. In their experience an individual approach to behaviour problems was fundamental to success. Much had to be done to help parents and she spoke of ongoing counselling over many years, visits and short stays by parents.

Jean Weate

There must be development and a move from large institutions. Specialist training should remain for mental handicap nurses, it should not be a generic nurse training as the unique attraction of mental handicap would be lost. While the specialism should be kept, it should be emphasised that a mentally handicapped person is first a person. Changes in the style of management are required with more autonomy at the direct care level. The present arrangement is too bureaucratic. More attention should be given to developing the present hospitals along the lines of the NDG reports as they represent a vast range of resources and services. Do not spend undue time looking back at past training but see what is being done now and look to the future. Look beyond training to when the newly trained person is highly motivated and ready to tackle anything if allowed.

Elaine Boulton

Agreeing with what had just been said, she went on to ask for more opportunities and encouragement to take advanced and specialist courses after basic training. Stop knocking the hospitals, she declared, and use the energy to get them more resources. More freedom and authority must be given to those who work directly with mentally handicapped people in the wards. When requesting more support staff in wards allow care staff to spend their time caring, she gave the example of clerical support to cope with the ever-increasing paper work.

Discussion

There was general agreement that nursing officers and senior nursing officers hold key roles for change. In addition to the basic training the tutors important role is in ongoing courses. The NHS re-organisation had produced a cumbersome structure and overall it had resulted in a poorer service for mentally handicapped and poorer training for staff. There was bureaucracy in the social services as well. The effect of the peer group on inertia must not be overlooked '...tried before and didn't work..'. Sooner or later it is easier to become a conformist.

Fred McCarthy

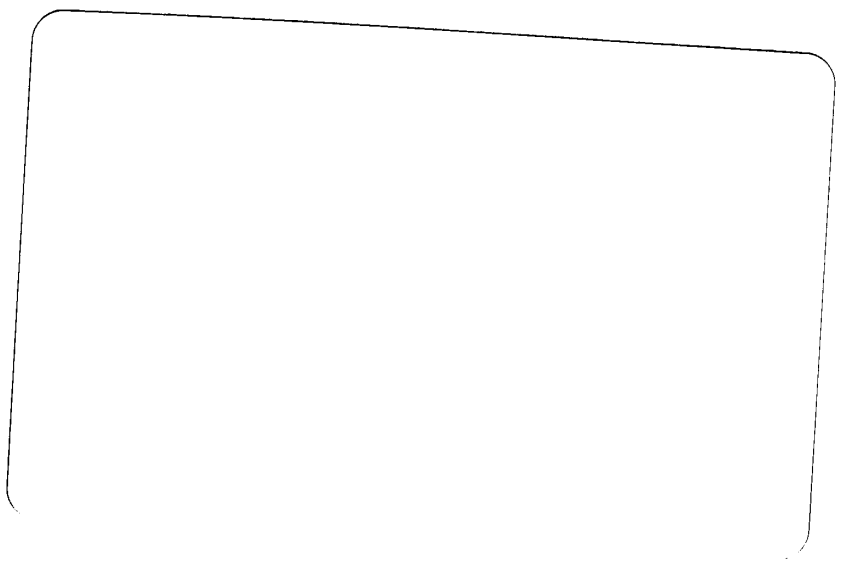
It was important to decide what views to reinforce and what to change. He described how he reports on the workshops to the divisional nursing officer who will implement what he can and discuss what cannot be done immediately. He was convinced task analysis is essential in planning training. Teaching sign language required regular sessions and leads to other ideas. As a result of these workshops he had already discussed with the psychology department how theory can be applied more to practice in the wards. Theory and practice must be brought closer together.

Ken Barnes

All want the best of all worlds but vary on how it should be achieved. He listed NDG papers, Jay and Court as examples. Not enough is done to provide suitable courses for senior staff. Further consideration is required on how those who work with mentally handicapped people can train alongside other residential staff. Training should be a multi-disciplinary setting. Emphasising that careful planning is vital in training he gave the example of CSS process where students write their own job descriptions, followed by task analysis, followed by training objectives, all of which are used in planning programmes, placements and visits.

Discussion

Staff at one hostel strongly appreciated their nurse training and claimed to be still nurses and nursing but agreed their training left large areas uncovered for work in the community. Training must not be seen in isolation: it cannot be divorced from the rest of life's experiences. There is a danger of seeing small inadequacies as gaping holes when discussing hospitals and nurses. Training and the pay off at the end in helping mentally handicapped people need to be considered together. Staff come well prepared from training and appear to be frustrated and changed by the system. It was felt that there is still a negative bias against nurses and hospitals with only bad practices being reported and nothing said about the good practices. There is still pressure for admission to hospital. A single qualification has disadvantages in career development. Not enough attention is being given to the profoundly handicapped. In the end society decides where resources go - a hostel or a centurion tank.



Betty Richardson

She wondered where the nursing expertise would be found if the RNMS training goes. Amongst the varied applicants to CCETSW courses are nurses, including those with RNMS qualifications. Though employed as residential social workers, their professional skills are made use of for the benefit of their clients. (A double qualification is economical in terms of employment especially to employers). The specific nursing skills (RNMS) are used though not overtly recognised in the employment of residential social workers.

It is an overall loss that professions like nursing, medicine and law each train in their own sphere. There is so much to gain in training in the mainstream of adult education in further and higher colleges of education where students can mix with students from a wide variety of other courses, their lectures can include specialists from a wide variety of disciplines and practitioners from the field. Future RNMS training could be organised in conjunction with further education colleges, especially where courses for residential social workers and teachers for special schools already exist. Each discipline would retain its distinctive philosophy, but students could benefit by multidisciplinary sessions.

Bearing in mind the isolation of some mental handicap hospitals and the serious shortage of nurse tutors in such hospitals it may be necessary to plan such training on a module system.

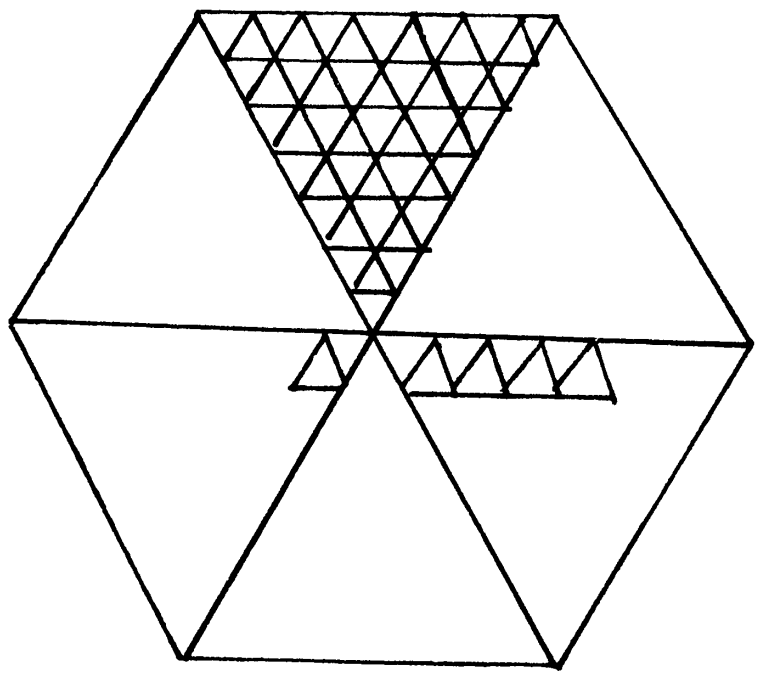
Joan Rush

Briefly summing up she said there had certainly been no lack of things to discuss or ideas to share in the workshops. It was hoped that after this lively series teaching staff from differing backgrounds would be able to extend their opportunities to meet together to exchange ideas about current schemes in their own locality. So many constructive ideas had been put forward that it was hoped that they might be briefly summarised and circulated to members of the workshops at a later date.

END OF THIRD WORKSHOP

Appendix A Extract from leaflet on Cambridge CSS scheme

CAMBRIDGESHIRE CERTIFICATE IN SOCIAL SERVICE SCHEME



Cambridgeshire CSS Scheme

This course is intended for staff employed in social service settings. Such people require some of the knowledge and skills which have been developed within the social work profession combined with substantial knowledge and skills of such things as organisation, management, teaching and dissemination of information.

COURSE STRUCTURE:

The Course is divided into three blocks as follows:

1. The Common Unit - Year 1: January - December

   This unit is for all students. The student spends one day per week in College, has one day for a study day and spends three days per week in his normal work situation.

2. The Standard Units - Year II: January - July

   Students choose between -

   a. Adult option

   b. Children option

   c. Elderly option

   In this Unit the students spend one day per week in College, have one study day and another day per week to gain alternative work experience, and two days in the normal employment.

/ .....

3. The Special Unit - Year II: September - December

This Unit is a full-time one and the student may be taken out of his normal work situation, to undertake a special project particular to the student's own training needs and interests.

COURSE CONTENT:

The Course includes those areas of knowledge which are essential for anyone involved in the provision of a social service and should enable them to understand the situations in which their clients live, and the social structures within which service is offered.

Subjects Studied -

Man in Society	:	Psychology and Sociology
Welfare State	:	History of the Welfare State Politics - Central and Local Government Law and Economics
Professional Practice	:	Principles and practice of working with clients

ASSESSMENT:

There are no examinations for this Course, assessment is continuous throughout the two years. There are six Assignments in the Common Unit which are compulsory and are put forward for assessment. Three pieces of work are required in the Standard Unit and one in the Special Unit. A major part of the assessment takes place in the work setting.

COURSE STAFF MEMBERS:

Each student has a Unit Tutor and Study Supervisor. The Study Supervisor will visit you regularly to help you with the Course. Each student has a Line Manager involved in the Course, this is normally your immediate superior at work. Subject Tutors present the College Course material.

APPLICATIONS:

Applications for the CSS Course are joint applications, by the student and Agency. Each student must therefore be fully supported by his/her employer in their application. It is a requirement that students will have their workload reduced to enable them to undertake the Course, and in many Agencies, staff are replaced at work for the formal time they are involved in the Course.

ENQUIRIES TO: Cambridgeshire CSS Scheme Office,
Department of Management and Business Studies,
Cambridgeshire College of Arts and Technology.

Tel: Cambridge 63271 ext. 154

APPENDIX B

Extract from Training Plans,
Hortham Hospital.

STUDY BLOCK CONTENT - OVERALL AIMS OF THE COURSE

FOR STUDENT NURSES

The Overall Aims of the Course

At the end of the course the student nurse should be able to:

1. Give total, competent nursing care to the mentally handicapped in hospital.
2. Be conversant with, liaise with relevant disciplines on, and plan and organise assessments, education and training of the residents.
3. Ensure the health, safety and comfort of residents and staff under their care.
4. Deal urgently and efficiently with First Aid Emergencies.
5. Understand the physical functions of the body and recognise and nurse bodily disorders associated with Mental Handicap.
6. Comprehent those aspects of Sociology and Psychology related to behaviour and to Mental Handicap.
7. Organise work communications and routine ward administration.
8. Teach junior nurses to acquire nursing and training skills.
9. Delegate duties, counsel and manage ward staff (with help from Seniors).
10. Help in preventing outbursts of disturbed behaviour, or if outbursts occur, deal effectively with the situation.
11. Manifest caring attitudes towards and health and training of the Mentally Handicapped.
12. Take legal and professional responsibilities as a qualified member of the nursing service.
13. Acquire concepts of hostel/community nursing.
14. Demonstrate comprehensive insight into the present problems and future trends of the services for the Mentally Handicapped.

The Curriculum

The content of each block consolidates information from the last experience, and prepares the learner for his/her forthcoming experience. Topics which the learner is likely to meet early in training are covered in the first year blocks. Specialist topics fall in the late second and third year blocks.

Major themes such as aspects of care and training run through all blocks.

Finally, the student will attend a Management education module in his/her third year to prepare him/her for the duties and responsibilites of the RNMS.

The heading of each block is a guide to the content.

For further details contact: Jean Weate, Senior Tutor, Hortham Hospital, Almondsbury, Bristol BS12 4JN